

UTILITY PATENT APPLICATION TRANSMITTAL

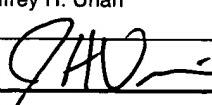
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 7647-000025

First Inventor David W. Smithey et al.

Title FLEXIBLE TUBE ARRANGEMENT-HEAT EXCHANGER DESIGN

Express Mail Label No. EL 623310758US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																												
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 28] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]</p> <p>5. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies </p>																												
ACCOMPANYING APPLICATIONS PARTS																														
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>																														
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</p> <p>Prior application information: Examiner _____ of prior application No: _____ / _____ Group / Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																														
17. CORRESPONDENCE ADDRESS																														
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27572 <i>(Insert Customer No. or Attach bar code label here)</i>																												
<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> <td colspan="4" style="padding: 2px;">Harness, Dickey & Pierce, P.L.C.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Address</td> <td colspan="4" style="padding: 2px;">P.O. Box 828</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="2" style="padding: 2px;">Bloomfield Hills</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">MI</td> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">48303</td> </tr> <tr> <td style="padding: 2px;">Country</td> <td colspan="2" style="padding: 2px;">United States of America</td> <td style="padding: 2px;">Telephone</td> <td colspan="2" style="padding: 2px;">248-641-1600</td> <td style="padding: 2px;">Fax</td> <td style="padding: 2px;">248-641-0270</td> </tr> </table>				Name		Harness, Dickey & Pierce, P.L.C.				Address		P.O. Box 828				City	Bloomfield Hills		State	MI	Zip Code	48303	Country	United States of America		Telephone	248-641-1600		Fax	248-641-0270
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Country	United States of America		Telephone	248-641-1600		Fax	248-641-0270																							
Name (Print/Type)		Jeffrey H. Urian		Registration No. (Attorney/Agent)		46,232																								
Signature						Date	October 30, 2003																							

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 990)*Complete if Known*

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	David W. Smithey et al.
Examiner Name	To be assigned
Group / Art Unit	To be assigned
Attorney Docket No.	7647-000025

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

 Deposit Account:

Deposit Account Number	08-0750
Deposit Account Name	Harness, Dickey & Pierce, P.L.C.

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 770)

2. EXTRA CLAIM FEES

Total Claims	30	-20 **	= 10	X 18	= 180
Independent Claims	3	-3 **	= 0	X _____	= 0
Multiple Dependent				X _____	= 0

Large Entity

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 180)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900

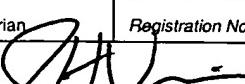
Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 40)

SUBMITTED BY*Complete if applicable*

Name (Print/Type)	Jeffrey H. Urian	Registration No. Attorney/Agent)	46,232	Telephone	(248) 641-1600
Signature				Date	October 30, 2003

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